



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
406 444-3134

TRS Office Use Only

MONTANA STATE WITHHOLDING CERTIFICATE

READ INSTRUCTIONS ON REVERSE SIDE.

ALL REQUESTED INFORMATION MUST BE TYPED OR PRINTED LEGIBLY IN DARK INK.

(Benefit Recipient's Printed Name)

____ - ____ - ____
(Social Security Number)

(Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code))

(Area Code and Telephone Number)

(Date of Birth)

As a reminder, monthly benefits are mailed or deposited on the last business day of each month.

Check and complete **only** one applicable line below:

☐ 1. Check here if you **do not want any** Montana state income tax withheld from your monthly benefit. (Do not complete lines 2 or 3 below.)

☐ 2. Check here and complete all applicable elections, if you want the TRS to withhold Montana state income tax according to the total number of allowances **and** marital status you are claiming for withholding from each monthly benefit. (You may also designate an additional dollar amount to be withheld on line (c).)

(a) Check Marital status: ☐ Single ☐ Married ☐ Married, but withhold at higher "Single" rate

(b) Enter Number of allowances: _____

(c) I elect an additional amount of \$_____ withheld from each monthly pension or annuity.

☐ 3. Check here if you wish to have a flat amount of \$_____ withheld from each monthly benefit.

(Benefit Recipient's Signature)

(Date)

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST.

MONTANA STATE WITHHOLDING CERTIFICATE INSTRUCTIONS

If you are a resident of Montana, your benefits are also subject to Montana state income tax laws. For more information consult the State of Montana Department of Revenue (DOR) at 406 444-6900.

If you do not have income taxes withheld from your monthly benefit and you have a tax liability, you may be required to pay Montana state taxes on a quarterly basis.

The method that you elect to utilize in paying your Montana state income tax liability is strictly a personal decision. While the Montana Teachers' Retirement System (TRS) tries to assist you in any way possible, we are not qualified to make decisions for you. We recommend you contact the DOR, at 406 444-6900, or a qualified tax professional for advice. Remember, there may be penalties for not paying enough tax during the year, either through withholding or estimated tax payments.

The number of state withholding allowances you claim may be different from the number of allowances you claim for federal income tax withholding.

The election you make and submit on this form will take effect within 60 days after the form is received by the TRS. Your tax withholding preference will remain in effect until you change or cancel your preference. A change or cancellation may be made at any time by completing and submitting a new Montana State Withholding Certificate to the TRS.

You may change your Montana state income tax withholding option at any time by submitting a new form. This form is available on the TRS web site [at http://www.trs.mt.gov](http://www.trs.mt.gov), or by contacting the TRS office at 406 444-2441 or 406 444-3185.

**The TRS cannot withhold state income taxes on your behalf
for any state other than Montana.**